# Performance Based Oversight 2011 Assessment Health Care Providers

As a regulatory agency, the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) is required to monitor system participants' compliance with the Texas Workers' Compensation Act and Rules and to take appropriate action to ensure compliance. Compliance objectives are achieved through Performance Based Oversight (PBO), data monitoring, complaint handling, audits, and when appropriate, enforcement actions.

As part of the overall compliance plan, Section 402.075 of the Texas Labor Code mandates TDI-DWC to, at least biennially, assess the performance of health care providers in meeting the key regulatory goals (KRG) established by the commissioner of workers' compensation. The KRGs align with the general regulatory goals of the TDI-DWC such as improving workplace safety and return-to-work outcomes, supporting timely payment of benefits, and increasing communications among system participants.

Based on the performance assessment, health care providers will be placed into regulatory tiers: poor performers, average performers, and consistently high performers. The TDI-DWC must then focus its regulatory oversight on the poor performers.

For the 2011 PBO assessment, the TDI-DWC will assess the health care providers. The health care providers will be reviewed in three performance categories.

- DWC Form-073, Work Status Report
- DWC Form-069, Report of Medical Evaluation
- Lumbar Spine Magnetic Resonance Imaging

## **Health Care Provider Selection Criteria**

The health care providers selected for the 2011 PBO assessment are selected based on the following:

For the DWC Form-073, Work Status Report category:

- The 127 health care providers who billed and received reimbursement of more than \$0, for 75 or more DWC Form-073s, *Work Status Report*, with dates of injury on or after August 1, 2009 and were included in the TDI-DWC medical bill and payment data between August 1, 2009 and November 30, 2009.
- The 127 health care providers include 100 medical doctors and 27 doctors of osteopathy
- See Attachment A for a list of the selected health care providers.

For the DWC Form-069, Report of Medical Evaluation category:

- The 150 health care providers who filed 25 or more DWC Form-069s, Report of Medical Evaluation, with the TDI-DWC, where an examination occurred between August 1, 2009 and November 30, 2009. This list includes only those health care providers on the Approved Designated Doctor List.
- The 150 health care providers include 126 medical doctors and 24 doctors of osteopathy.
- See Attachment A for a list of the selected health care providers.

For the Lumbar Spine Magnetic Resonance Imaging (MRI) category:

- The 48 health care providers who saw 25 or more injured employees with a low back injury where the date of injury was between August 1, 2009 and October 31, 2009.
- The 48 health care providers include 35 medical doctors and 13 doctors of osteopathy.
- See Attachment A for a list of the selected health care providers.

## **Weighted Measures**

The selected health care providers will be assessed on the following measures for the 2011 PBO assessment:

DWC Form-073, Work Status Report, category

- 1. Completeness of the DWC Form-073, Work Status Report 50% weight
- 2. Timely release to return to work<sup>2</sup> 50% weight

DWC Form-069, Report of Medical Evaluation category

1. Timely filing of the DWC-069, Report of Medical Evaluation – 100% weight

Lumbar Spine Magnetic Resonance Imaging

1. Timeliness of MRIs<sup>3</sup> – 0%<sup>4</sup>

#### **Data Sources**

## DWC Form-073 category

The DWC Form-073s to be reviewed are those with dates of injury on or after August 1, 2010 and where there has been reimbursement, of more than \$0. The DWC Form-073s will be identified through the medical bill and payment data submitted by the insurance carriers to the TDI-DWC on or before November 30, 2010.

#### DWC Form-069 category

DWC Form-069s filed with the TDI-DWC where examinations occurred and the form was received between August 1, 2010 and November 30, 2010.

## Lumbar Spine Magnetic Resonance Imaging category

The health care providers will be selected based on the name of the health care provider listed as having an office visit just prior to the date the MRI was rendered. The MRIs selected for review will be those for dates of injuries between August 1, 2010 and October 31, 2010. The MRIs will be identified through the medical bill and payment data submitted by insurance carriers to the TDI-DWC on or before February 28, 2011. The selected MRIs are on low back injury claims only.

<sup>&</sup>lt;sup>1</sup> See attachment B on a list of ICD 9 codes used to identify low back injuries.

<sup>&</sup>lt;sup>2</sup> See attachment C for an explanation of how this measure will be evaluated.

<sup>&</sup>lt;sup>3</sup> See attachment D for an explanation of how this measure would be evaluated.

<sup>&</sup>lt;sup>4</sup> This category will be reviewed but not included in the assessment. The individual results of the review will not be made public. The results will be used to finalize this measure for the 2013 PBO Assessment.

# Tier Structure and Placement Methodology

TDI-DWC will have three regulatory tiers that distinguish among poor, average, and high performers in the system. Those assessed are deemed to have an impact on the system due to their volume of filings or MRIs. TDI-DWC is not asserting that a high volume has a negative impact on the system. Those health care providers who are not assessed due to low volume are not absolved from regulatory duties or regulatory oversight when necessary.

In placing the selected health care providers into regulatory tiers, TDI-DWC will conduct several steps to place each health care provider into an overall tier for each category. The first step is to calculate the performance score (percentage) for each measure. Next, the performance score for each measure will be multiplied by the assigned weight value. This calculation of two percentages will then be multiplied by 100 to obtain a weighted value. The weighted value of each measure will then be added together to calculate the final score. The final score will identify the overall performance standard for the assessed entity. The overall performance standard is defined below.

The final scores will be placed into three regulatory tiers based on pre-determined performance standards that distinguish among poor, average, and high performers in the system.

The performance standards are:

High Tier: 95 or greater

Average Tier: 80.00 through 94.99

Poor Tier: 79.99 or less

# **Example of DWC Form-073 category tier placement:**

Health Care Provider X	Step 1 Calculate Individual Measure	Step 2 Weight of Individual Measure	Step 3 Multiply Score by 100 to obtain weighted value	Step 4 Overall Score	Step 5 Overall Tier Placement
Measure 1 – Completeness of DWC Form- 073	82%	50%	41		
Measure 2 – Timely release to return to work	90%	50%	45		
				86	AVERAGE

#### **Assessment Process**

The TDI-DWC will identify DWC Form-073s to be reviewed from its medical bill and payment database and submit the list to the health care providers. Health care providers associated with the list of identified DWC Form-073s will be contacted in January 2011, and asked to respond to TDI-DWC by submitting copies of the identified forms for agency staff to review. The TDI-DWC

will distribute the initial findings of all the measures to the respective health care providers in April 2011. Health care providers will be given an opportunity to review these initial findings and, if any findings are refuted, the health care provider will be able to submit a management response (to be posted on the TDI-DWC website) and applicable evidence. The TDI-DWC will review all management responses and requested changes and prepare a summary of changes document. This document will indicate whether the initial finding is changed and, if so, the reason for the change. This summary of changes document will provide the feedback to the assessed health care provider on the TDI-DWC requirements.

The final results of the 2011 PBO health care provider assessments will be published on the TDI-DWC website after the results have been shared with each of the respective health care providers. The TDI-DWC anticipates the publication of the results in September 2011.

The overall results of the MRI measure will be released, but the individual results will not be made public because this measure will only to be used to further define the use of this measure in the 2013 PBO Assessment.

#### **Tentative Timeline**

The following is a tentative timeline of milestones for the 2011 PBO health care provider assessment process:

**July 2010:** Public announcement of 2011 PBO Assessment

January 2011: Request DWC Form-073s from health care providers

**February – March 2011:** Review DWC Form-073s received from health care providers

**April 2011:** Distribute initial findings and request management responses

**June – August 2011:** TDI-DWC reviews management responses to initial findings and sends summary of changes

September 2011: TDI-DWC distributes final results

**September 2011:** Publication of final results and tier placements

## Incentives

TDI-DWC will afford the following incentives:

- 1. Limited audit exemption providers in the high and average performer categories may benefit from limited audits. Instead, TDI-DWC will focus its annual audit plan on those health care providers and assessed as poor performers. However, if a compliance problem is identified, such as an increase in complaints, TDI-DWC can also audit average and high performers as deemed necessary.
- 2. Modified penalties TDI-DWC will consider high performer designation as a factor when determining appropriate enforcement action. As a result, TDI-DWC may assess penalties that are lower for high performers than ordinarily assessed.
- 3. Publication of all tier results tier results will be published on TDI-DWC's website.
- 4. High Performer logo will be available for use as a marketing tool by those participants who scores put them in the high performing tier.
- 5. Reduced penalties for self-disclosure of non-compliance.

#### **Enforcement**

The TDI-DWC's emphasis is on early detection of noncompliance and informal discussions to resolve any noncompliant issues. TDI-DWC will initiate enforcement actions, including Warning Letters and the assessment of penalties, when appropriate and necessary to ensure compliance and to deter future noncompliance.

To determine an appropriate enforcement action, TDI-DWC will consider the following:

- Section 415.021 (c) of the Labor Code:
  - Seriousness of the violations;
  - History and extent of previous administrative violations;
  - Demonstration of good faith;
  - o Amount of penalty to deter future violations; and
  - Other matters that justice may require.
- Complaint history
- Complaint-to-Market share ratio data
- Overall Compliance.
- Performance Based Oversight Ranking

# **ATTACHMENT A**

# HEALTH CARE PROVIDER 2011 PBO ASSESSMENT

# **DWC Form-073 category**

Rory L. Allen/K7643 Ramiro P. Alonso/D4598 C. Lynn Anderson, Jr/F6390 Ariston P Awitan, Jr/D9070 Eugenio Bacani/H0982

Kenneth Homer Baldwin/D8501 Barbara Sickler Barnett/H8576

Nicholas Baxter/E3198
Scott Barry Bischoff/H6055
Kevin R Boehle/J9978
Russell Brofer/K2856
Dan P Browder/M2911

Raymond C Brown, Jr/H9192 Billy Carlton Burge/J7313 Victor Manuel Burgos/M2575

Thomas Chiu/L6321

Robert Paul Chizen/H9050 R Allen Cicora/F9304

Lance Anthony Craig/E2524

Bart W Crosby/K7703

Leo Michael Crowley/G6281

John D Dang/H1943 John Tai Dang/J4068

Harinder Kumar Dhir/K9765 Crisanto Garcia Dimafelix/M2606

Jean Theresa Dolan/J7273

David D. Ellis/F3931

Steven Robert Ellsworth/G5021 Ray Joseph Esparza/F3938 Richard Stephen Fleischer/K1815

Douglas Byron Fullerton/H5770 Gerard Thomas Gabel/G6718 Vincent Gregory Gonzaba/L0807

Anwarul Haque/M6175
Warren G Hatley, Jr/H0433
Jerald Lynn Head/H7064
Mark Howard Henry/K3231
James Robert Herzog/J1528
Charles Rhodes Hinman/L0265
Bret Harold Holland/F4093

Michael Johnathan Horoda/H2469

G. Steven Ingram/F9609 Kerry Duane Inzer/H5670 Kerry Dean Irons/E3712 Michael Jeffrey Jenks/L1083

Keith Johnson/G3499

David Anthony Jolivet/G2160 Timothy Brian Jones/M9389

Anly Joseph/N3105 Tony Dion Keeble/H0514 James Myles Kelley/E0069 Fredrick Wayne Kersh/H4460

Kashif Z Khan/M7328 Rashid Khan/K4470 Roy Glenn Kreusel/F4179 Cyrus Timothy Lambert/E1009

Toan Huu Le/M8118
Walter W Lee/J9157
Oscar N Lightner/G4161
David Randolph Long/L9785
Christopher Paul-Shieh Lu/M7385

Terence Phillip Macconnell/E4494
James Earl Madsen/G6966

C Perry Marshall/N1757
William James McKay/G0479

Vikram Mehta/N0967

William Norman Meshel/E9306 Dana Brian Mirkin/G7554 Shannon Marie Mitchel/N3898 Samuel Stewart Morgan, Jr/H0657

Mark Edwin Morris/H8268 Kavitha Nalla/M9526

Veronika Anna Nicholson/H6473 George John Niemirowski/H0686 Christopher O Ogunro/L0887

Yale S Pearlson/J3186 Mario Pena, Jr/E8810 Victor Hugo Peralta/F0114 Christy Pinkham/L7899 Louis Frank Puig, III/F1915 Armando Quinones/L3790 Nilima Rai/J6676 Noble Bryan Rainwater/H0742 Karina Ramirez/M5893 Jaime Felix Recasens/M9600 Manouchehr Refaeian/J6684 Jesus Guillermo Rodriguez/J4999 R. Marcelo Rodriguez/G6867 Gert Rohde/L3100 James Keith Rose/J4486 Sam N Rostami/K3273 Mohammad Arshad Saeed/E9379 Rashad Mohammad Saeed/L7153 Sohail Ahmad Saeed/M6371 Ashit I Saheba/H1202 Anup Sanghvi/K7387 Don Jose Sarmiento/M5481 Steven William Schierman/J7657 Kathryn Elizabeth Schmidt/H8382 Michael Paul Seeley/F4505 Shahriar Setoudeh-Maram/M7611 Kathleen Elizabeth Sharp/L7284 Laura Elizabeth Sharratt/H2776 Richard Lee Siemens/N2300

Pritpal Singh/M0924 Russell Brent Skinner/K5697 Jane Ann Smeck/G0132 Cedrick Dwayne Smith/K8981 Mary Alice Steffens/K6933 Darryl Lee Stinson/J7212 Robert John Stuart/G1558 William Joseph Swartworth/M7673 Arthur Larry Taitel/D7327 Ernesto Marte Tamez, Sr/J5921 Stacey G. Thomas/N1184 Richard David Trifilo/M3408 Richard Gary Trifiro/K3501 Leocadio Antonio Valentin/K4597 Lawrence Joseph Walsh/F0811 Christine Wyman Wan/K7933 G Emory Warren/J0720 David Sean Webster/N1218 Margaret R Wells/G2625 Toni Irene White/M5975 Clyde Marion Williams/E2942 David Barry Willingham/H0947 Larry D Wilson/H1333

# **DWC Form-069 category**

Hanna J Abu-Nassar/E4162

Raymond Talmadge Alexander/F3704

Muntaz Ali/E9510 Dale Ray Allen/D4590 John R Anderson/D5897 John Gray Andrew/C3563

Victor-Hugo Valenca Arellano/G7777

Ravindra S Arora/D5667 Eradio Arredondo/D8137 Karen S. Asbury/J9571

Anil Tukarampant Bangale/E7370

Miguel B Banta, Jr/D6942 Roger J Beaudoing/E9530 Stephen J Becker/K3679 Leslie Wayne Benson/H2243 Howard Robert Bernstein/E9536

Deo Kalyan Bhati/D8997 Nabil Bishara/E2470

Daniel Alexander Boudreau/D5354 John Bookhout Bourland, Jr/D4468 Patricia Charlene Brock/K8029 George Erwin Brown, Jr/L8288

Andrew Brylowski/H4192 James Elmer Butler, III/D0075

Juan J Capello/D4061
Jerome Oliver Carter/L8298
Stephen Anthony Carter/J7442
Harparminder S Chadha/K5852

Suresh Chavda/J2537

Vasco Chi-Ho Cheuk/M1583 Geoffrey Stephen Coates/E9581

Stevan Cordas/D5368
Jean Frances Coria/G6492
Ronald G Corley/D8519
Lida S Dahm/D5712
Gerald T Delk/K9255

J. Thomas Dilger, Jr/G6822 Steven A Doores/F6582 Cynthia Dott/G8086

Howard Thomas Douglas, III/F1511

Mark Alan Doyne/J0944

Guy Kenneth Driggs, Jr/E4306 Samir Sobhy Ebeade/H1075 Darrell Dollar English/L4189 Karl Daniel Erwin/G5026 Dennis R Flores/F3124 Gerald Peter Foox/E8473 Simon T. Garza-Keever/J9042 Charles E. George/C6328 Ann N Gerges/M1700
Dennis N. Graham/F6684
Peter Edward Grays/H6254
Charles H Gregory/C6345
Victor Guerrero/K2913
Robert F Haden/D2232
Gerald Allan Halaby/F3158
Katharina Hathaway/L7412
Marjaneh Hedayat/L1881
Ronald B Heisey/F1053

Floyd James Herbertson/H1460

Victor Hernandez/F6252

Howard Houston Hood, III/G4016 James Furniss Hood/D3269 William K Jackson/D1683 Kevin B James/M4201 Kyle Elliott Jones/K8239 Joel Joselevitz/J1703 Robert Kadoko/M1808

Adolph Frederick Kauffmann, III/B6910

Charles W Kennedy, Jr/E2253

Jack A Kern/D2250
Berney R Keszler/E4451
Robert Jack Kilian/D9333
Bruce G. Kinzy/D8745
Gunda Lee Kirk/H0523
Milton E Kirkwood/G3523
Elizabeth Kummer/G5271
Bonnie Jean Lammers/H8719

Liza H Leal/K2735 Charita S. Littles/L6499 Donald M Mauldin/E2708 Gilbert Mayorga, Jr/H3117 Grant Rexford McKeever/D5437 Jerry Michael McShane/F4272 Ricky Michael McShane/K2753 George Everett Medley/C8006

Roby D Mize/E0559 Jose J. Monsivais/G9625 Jerry W. Morris/E6536 Charles M. Murphy/G7558 Raul Abel Najera/H0089 Eloy Ochoa, Jr/M3345 Marco A Ochoa/D7455

Catherine Eno Okpon Onabajo/K1890

Robert Panzarella/F7026 Sankar Pemmaraju/K8811 Fred Laurel Perez, Jr/F8611 Karen Michelle Perl, V/M0526 Sandra Peyton/K3392

Andrew William Prychodko/J8093

O. Doak Raulston, Jr/C8414

Benjamin Richard Respess/G1271

Barna Allen Richards/D1022

Elbert Floyd Robinson/D4445

Robert Rodriguez/F6370

Lionel Roger/E9952

Philip Eugene Rosen/D6156

Philip B Rothenberg/D6859

Robert Edward Roybal/E0598

Gilbert R Salazar/H0781

Josephine W Session/E4671

Richard A Sexton/L7880

Carl G Simpson/H5361

Wright Wiley Singleton/J0266

John Anthony Sklar/J2803

James Lee Slater, II/L6184

Robert H Smiley/E0149

Edward William Smith/E1757

Stephen Lynn Smith/G8426

William Wayne Smith/C8447

Wayne A Soignier/G9665

David Wayne Spinks/F4557

John Gilbert Steele/C9149

Karen Sandra Thornton Suttle/K5223

Edwin Jackson Taegel/D2606

John O Taxis/F6330

Orlando J Terneny/D7896

Barry C Thomas/J0697

Daniel Otha Thompson, III/E8961

Rollin L Thrift/G0205

John Summerfield Townsend, IV/H7354

Raymond George Troxler/E5634

Daniel S Tuft/J3640

Theodore John Tuinstra/D4576

Jeremiah John Twomey/D5489

Susan Van De Water/H2869

Charles Richard Vavrin/D1510

Victoria Mae Voge/K1122

Jesse William Vredenburgh/J1804

Ronald J Washington/E1172

Donald Lee Wehmeyer/F9058

Hans O Wendenburg/D6206

David Adam West/J9437

Bruce Edward Whitehead/J4610

Robert Earl Whitsell/D2315

Grethe E Wik/G9902

Robert Seth Williams/J9845

Helen M Wood/J9447

Kerry Jo Yancy/H8531

Joseph Zadeh/J5523

# **Lumbar Spine Magnetic Resonance Imaging category**

Rory L. Allen/K7643

C. Lynn Anderson, Jr/F6390

Kenneth Homer Baldwin/D8501

Barbara Sickler Barnett/H8576

Scott Barry Bischoff/H6055

Kevin R Boehle/J9978

Billy Carlton Burge/J7313

R Allen Cicora/F9304

Leo Michael Crowley/G6281

John D Dang/H1943

Hector Gonzalez/L2904

Warren G Hatley, Jr/H0433

Jerald Lynn Head/H7064

Charles Rhodes Hinman/L0265

Kerry Dean Irons/E3712

Keith Johnson/G3499

Anly Joseph/N3105

Fredrick Wayne Kersh/H4460

Kashif Z Khan/M7328

Roy Glenn Kreusel/F4179

Toan Huu Le/M8118

Don Mackey/E1032

James Earl Madsen/G6966

C Perry Marshall/N1757

William James McKay/G0479

Vikram Mehta/N0967

William Norman Meshel/E9306

Shannon Marie Mitchel/N3898

Samuel Stewart Morgan, Jr/H0657

Mark Edwin Morris/H8268

Kavitha Nalla/M9526

Veronika Anna Nicholson/H6473

Jaime Felix Recasens/M9600

Manouchehr Refaeian/J6684

Jesus Guillermo Rodriguez/J4999

Gert Rohde/L3100

James Keith Rose/J4486

Ashit I Saheba/H1202

Anup Sanghvi/K7387

Michael Paul Seeley/F4505

Laura Elizabeth Sharratt/H2776

Pritpal Singh/M0924

Cedrick Dwayne Smith/K8981

Robert John Stuart/G1558

Arthur Larry Taitel/D7327

Ernesto Marte Tamez, Sr/J5921

Lawrence Joseph Walsh/F0811

G Emory Warren/J0720

# **ATTACHMENT B**

ICD9	
Code	Description
922.3	Contusion of back
922.31	Contusion of back
922.32	Contusion of buttock
722.73	Intervertebral disc disorder with myelopathy, lumbar region
952.2	Lumbar spinal cord injury without spinal bone injury
721.3	Lumbosacral spondylosis without myelopathy
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
724.6	Disorders of sacrum
722.93	Other and unspecified disc disorder of lumbar region
839.2	Closed dislocation, lumbar vertebra
839.2	Closed dislocation, thoracic and lumbar vertebra
720.2	Sacroiliitis, not elsewhere classified
805.4	Closed fracture of lumbar vertebra without mention of spinal cord injury
805.6	Closed fracture of sacrum and coccyx without mention of spinal cord injury
722.1	Displacement of lumbar intervertebral disc without myelopathy
722.1	Displacement of thoracic or lumbar intervertebral disc without myelopathy
722.11	Displacement of thoracic intervertebral disc without myelopathy
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.3	Sciatica
722.83	Postlaminectomy syndrome of lumbar region
724.2	Lumbago
724.5	Backache, unspecified
739.3	Nonallopathic lesions of lumbar region, not elsewhere classified
739.4	Nonallopathic lesions of sacral region, not elsewhere classified
724	Spinal stenosis, other than cervical
724.02	Spinal stenosis of lumbar region
847.2	Lumbar sprain
846	Lumbosacral (joint) (ligament) sprain
847.9	Sprain of unspecified site of back
846.9	Unspecified site of sacroiliac region sprain
846	Sprains and strains of sacroiliac region
846.1	Sacroiliac (ligament) sprain
847.3	Sprain of sacrum
846.8	Other specified sites of sacroiliac region sprain
847.4	Sprain of coccyx
724.8	Other symptoms only referable to back
724.9	Other unspecified back disorders
724	Other and unspecified disorders of back
724.79	Other disorders of coccyx

### ATTACHMENT C

# TIMELY RELEASE TO RETURN TO WORK MEASURE

- 1. The DWC Form-073s, for each health care provider, will be identified through the TDI-DWC's medical bill and payment data where there was a billing and a
- 2. reimbursement rate of more than \$0. The DWC Form-073s will be collected from the health care providers. The total number of DWC Form-073s is the denominator.
- 3. From Section II, 13 of the DWC Form-073s, count the number of forms where Box A (allows the injured employee to return to work) or Box B (allows the injured employee to return to work with restrictions) was selected. This number is the numerator.
- 4. Dividing the numerator by the denominator, obtain a percentage score.
- 5. If any DWC Form-073's, Section II, 13 Box C is indicated, the TDI-DWC will request medical records from the health care providers that offer an off work rationale.
- 6. If the medical rationale for an off work status is accepted after an *Internal Clinical Review*, then add that DWC Form-073(s) to the numerator.

#### 7. Internal Clinical Review<sup>5</sup>:

- i. The clinical review will first involve an evaluation of documentation that illustrates the off work dates are in conjunction with the Medical Disability Advisor (MDA), disability duration tables. Documentation for this review may include the following:
  - DWC Form-074, Description of Injured Employee's Employment
  - Medical Records indicating injured employee's job classification
  - Medical records indicating MDA calculation
- ii. Absent any medical documentation showing an assessment of the injured employee per the MDA disability durations, a case-by-case clinical review will occur based on other evidence-based medical literature (i.e. ACOEM<sup>6</sup>, etc) and contemporaneous written explanation provided by the health care provider. Determination of an off work status may consider:
  - Attendance is required at a place of care (hospital, physician's office, physical therapy).
  - Recovery (or guarantine) requires confinement to bed or home.
  - Being in the workplace or traveling to work is medically contraindicated (poses a specific hazard to the public, coworkers, or to the worker personally, i.e., risks damage to tissues or delays healing).
- iii. The following is a list of some examples that, without a written explanation or documentation in the medical records, will <u>not</u> be accepted as a reason for taking an injured employee off work:
  - Work (restricted or not) was not available by the employer
  - Pending further tests, rehabilitation, physical therapy, etc.
  - Pain
  - Rest

<sup>&</sup>lt;sup>5</sup> The clinical review will be conducted by a medical provider on staff at the TDI-DWC or by a medical provider serving on the TDI-DWC's Medical Quality Review Panel.

<sup>&</sup>lt;sup>6</sup> ACOEM Paper on Preventing Needless Disability - Copyright © 2006 American College of Occupational and Environmental Medicine. Published in September 2006 *JOEM* 

## ATTACHMENT D

#### LUMBAR SPINE MAGNETIC RESONANCE IMAGING MEASURE

- 1. Select a group of health care providers, who have treated 25 or more patients with a diagnosis of low back injury, with a date of injury between August 1, 2010 and October 31, 2010. The total number of patients for each health care provider will be the denominator.
- 2. From the group of patients, defined in #1 subtract the number of patients who received a lumbar spine MRI 21 days from the date of injury. The remainder is the numerator.
- 3. Dividing the numerator by the denominator, obtain a percentage score.
- 4. For those health care providers with MRIs rendered 21 days from the date of injury, medical records will be requested to show the clinical rationale for the MRI. The health care provider will highlight the area of the records that justify the clinical rationale.
- 5. Using the list(s) in the Official Disability Guidelines (ODG) and clinical judgment, determine if the clinical rationale supports performance of the MRI scan. An *Internal Clinical Review* by medical staff at TDI-DWC or a member of the MQRP, will conduct the Internal Clinical Review.
- 6. If the clinical rationale for the MRI ordered prior to 21 days from date of injury is accepted after an *Internal Clinical Review*, then add that MRI to the numerator.
- 7. Recalculate final scores.

# **ATTACHMENT B**

ICD9	
Code	Description
922.3	Contusion of back
922.31	Contusion of back
922.32	Contusion of buttock
722.73	Intervertebral disc disorder with myelopathy, lumbar region
952.2	Lumbar spinal cord injury without spinal bone injury
721.3	Lumbosacral spondylosis without myelopathy
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
724.6	Disorders of sacrum
722.93	Other and unspecified disc disorder of lumbar region
839.2	Closed dislocation, lumbar vertebra
839.2	Closed dislocation, thoracic and lumbar vertebra
720.2	Sacroiliitis, not elsewhere classified
805.4	Closed fracture of lumbar vertebra without mention of spinal cord injury
805.6	Closed fracture of sacrum and coccyx without mention of spinal cord injury
722.1	Displacement of lumbar intervertebral disc without myelopathy
722.1	Displacement of thoracic or lumbar intervertebral disc without myelopathy
722.11	Displacement of thoracic intervertebral disc without myelopathy
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.3	Sciatica
722.83	Postlaminectomy syndrome of lumbar region
724.2	Lumbago
724.5	Backache, unspecified
739.3	Nonallopathic lesions of lumbar region, not elsewhere classified
739.4	Nonallopathic lesions of sacral region, not elsewhere classified
724	Spinal stenosis, other than cervical
724.02	Spinal stenosis of lumbar region
847.2	Lumbar sprain
846	Lumbosacral (joint) (ligament) sprain
847.9	Sprain of unspecified site of back
846.9	Unspecified site of sacroiliac region sprain
846	Sprains and strains of sacroiliac region
846.1	Sacroiliac (ligament) sprain
847.3	Sprain of sacrum
846.8	Other specified sites of sacroiliac region sprain
847.4	Sprain of coccyx
724.8	Other symptoms only referable to back
724.9	Other unspecified back disorders
724	Other and unspecified disorders of back
724.79	Other disorders of coccyx